

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
SECRETARY OF STATE

DEC 07 2011

Campaign Finance
DATE STAMP
Secretary of State

Name of Candidate

Address

Telephone

Office Sought

County

Fax

Political Party

Email Address

Check here if above is different from previous report

☐ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011)

Mandatory

☐ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011)

Mandatory

☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011)

Mandatory

☐ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011)

Primary Candidates

☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011)

Runoff Candidates Only

☒ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011)

Mandatory ✓

☒ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011)

Mandatory ✓

☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011)

Runoff Candidates Only

☐ **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011)

Mandatory

☐ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions \$	Q	+\$	Q	\$	Q	\$ 2,471.00
Total amount of disbursements \$	Q	+\$	Q	\$	Q	\$
Total amount of cash on hand				\$	2,471.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO : 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division,
P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

Name of Candidate or Committee

Alice Hudson Campaign Report

Reporting period

October 10, 201

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="checkbox"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="checkbox"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="checkbox"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) _____		Aggregate year-to-date	\$ <input type="checkbox"/>